

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 29.15  
TITLE: SURGERY FOR MORBID OBESITY

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AUTHORITY: 32 CFR 17.270(a) and 17.272(a)(22)(37)

RELATED AUTHORITY: 32 CFR 199.4(e)(15)

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### I. EFFECTIVE DATE

November 9, 1982

### II. PROCEDURE CODE(S)

43842-43848

### III. DESCRIPTION

Morbid obesity means the body weight is 100 pounds over ideal weight for height and bone structure, according to the most current Metropolitan Life Table, such weight is associated with severe medical conditions known to have higher mortality rates in association with morbid obesity; the body weight is 200 percent or more of ideal weight (e.g., for ideal body weight of 117 lbs., 200% would be 234 lbs.) for height and bone structure according to the most current Metropolitan Life Table; or the body mass index (BMI) is over 40.

1. BMI is calculated using the following formula:

- a. weight times 705
- b. divided by
- c. height squared

For example:

- (i) 110 pounds times 705 equals 77,550
- (ii) 62 inches times 62 equals 3,844
- (iii) 77,550 divided by 3,844 equals 20.17

#### IV. POLICY

The morbid obesity benefit is limited to the gastric bypass, gastric stapling or gastroplasty, to include vertical banded gastroplasty. Benefits may be extended only when one of the following conditions is met.

1. The patient is 100 pounds over the ideal weight for height and bone structure and has one of these associated medical conditions: diabetes mellitus, hypertension, cholecystitis, narcolepsy, Pickwickian syndrome (and other severe respiratory diseases), hypothalamic disorders and severe arthritis of the weight-bearing joints.
2. The patient is 200 percent or more of the ideal weight for height and bone structure. An associated medical condition is not required for this category.
3. The patient has had an intestinal bypass or other surgery for obesity and, because of complications, requires a second surgery (a takedown). The surgeon will, in many cases, do a gastric bypass, gastric stapling or gastroplasty at the same time as the takedown to help the patient avoid regaining the weight that was lost. In this situation, payment is authorized even though the patient's condition may not technically meet the definition of morbid obesity because of the weight that was already lost following the initial surgery.

#### V. POLICY CONSIDERATIONS

A. Each claim related to the surgical treatment of morbid obesity will be medically reviewed to ensure that the patient meets the criteria, as outlined above, for surgical intervention. The claim must include documentation that gives the patient's history and supports the medical necessity and appropriateness of the surgical procedure. When necessary, additional clinical documentation must be obtained.

B. Even though the beneficiary may meet the morbid obesity criteria, gastric procedures are usually contraindicated when any of the conditions listed below are present. Cases in these groups shall not be categorically excluded. The Health Administration Center (HAC) shall conduct a special review to ascertain that the surgery was medically appropriate in view of the circumstances. If the documentation does not support the medical appropriateness of the surgery, the claim shall be denied.

1. Active hepatitis.
2. Chronic alcoholism.
3. Cirrhosis of the liver.
4. Dental disease.
5. History of anorexia nervosa.

6. Infection, particularly in the skin or elsewhere in the body.
7. Inflammatory bowel disease.
8. Malignant tumors.
9. Mental retardation.
10. Organic brain syndrome.
11. Profound psychotic disturbance.
12. Pulmonary embolization.
13. Renal failure.

C. CHAMPVA will cost share procedures that are medically necessary to correct skin complications (e.g., severe intertrigo, skin chafing, pain, abrasions, pockets of superficial ulceration, or scar revision), which may occur as a result of approved surgery for morbid obesity.

## VI. EXCLUSIONS

- A. Payment may not be made for non-surgical treatment of:
  1. Obesity.
  2. Morbid obesity.
  3. Dietary control.
- B. Biliopancreatic bypass.
- C. Prescription medications used for weight reduction. [38 CFR 17.272(a)(22)]
- D. Services and supplies in connection with cosmetic surgery that is performed to primarily improve physical appearance or for psychological purposes or to restore form without correcting or materially improving a bodily function. [38 CFR 17.272(a)(19)(78)]
- E. Weight reduction clinics, programs, or health club memberships. [38 CFR 17.272(a)(22)(37)]
- F. Small intestinal bypass (jejunioileal bypass).

**\*END OF POLICY\***